

PTO/SB/21 (04-04)

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1FW AF#

TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>		Application Number	09/743,781
		Filing Date	March 28, 2001
		First Named Inventor	Daniel Paris
		Art Unit	1614
		Examiner Name	Cybille Delacroix-Muirheid
Total Number of Pages in This Submission	20	Attorney Docket Number	4303-030806

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Preliminary Amendment <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawings <input type="checkbox"/> Licensing-related Papers <input checked="" type="checkbox"/> Petition for Extension of Time <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC) Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below)
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Barbara E. Johnson	Registration No. 31,198
Signature		
Date	September 28, 2004	

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Helen Gerace		
Signature		Date	September 28, 2004

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FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$220.00)

Complete if Known	
Application Number	09,743,781
Filing Date	March 28, 2001
First Named Inventor	Daniel Paris
Examiner Name	Cybille Delacroix-Muirheid
Art Unit	1614
Attorney Docket No.	4303-030806

METHOD OF PAYMENT (check all that apply)

 Check Credit Card Money Order Other None

 Deposit Account:

Deposit Account Number	23-0650
Deposit Account Name	

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) during the pendency of this application
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee Code	Fee (\$)	Fee (\$)
1001	2001	770	385
1002	2002	340	170
1003	2003	530	265
1004	2004	770	385
1005	2005	160	80
SUBTOTAL (1)		(\$0)	

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

	Extra Claims	Fee from below	Fee Paid
Total Claims	3	-21 = 0	X 0 = 0
Independent Claims	1	- 5** = 0	X 0 = 0
Multiple Dependent			= 0

Large Entity	Small Entity	Fee Description
Fee Code	Fee Code	Fee (\$)
1202	2202	18
1201	2201	86
1203	2203	290
1204	2204	86
1205	2205	18
SUBTOTAL (2)		0

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee Code	Fee (\$)	Fee (\$)
1051	2051	130	65
1052	2052	50	25
1053	1053	130	130
1812	1812	2,520	2,520
1804	1804	920*	920*
1805	1805	1,840*	1,840*
1251	2251	110	55
1252	2252	420	210
1253	2253	950	475
1254	2254	1,480	740
1255	2255	2,010	1,005
1401	2401	330	165
1402	2402	330	165
1403	2403	290	145
1451	1451	1,510	1,510
1452	2452	110	55
1453	2453	1,330	665
1501	2501	1,330	665
1502	2502	480	240
1503	2503	640	320
1460	1460	130	130
1807	1807	50	50
1806	1806	180	180
8021	8021	40	40
1809	2809	770	385
1810	2810	770	385
1801	2801	770	385
1802	1802	900	900
Other fee (specify)			

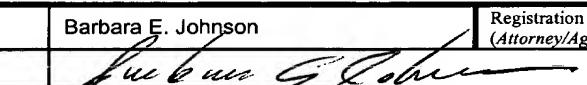
*Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

\$220.00

SUBMITTED BY

(Complete if applicable)

Name (Print/Type)	Barbara E. Johnson	Registration No. (Attorney/agent)	31,198	Telephone	412-471-8815
Signature				Date	September 28, 2004

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